

Case Number:	CM14-0091378		
Date Assigned:	07/25/2014	Date of Injury:	01/18/2012
Decision Date:	09/19/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/17/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 58-year-old female who reported an injury 01/18/2012. The mechanism of injury was not provided in the medical records. The clinical note dated 06/12/2014 indicated diagnoses of cervical strain and anxiety and stress reaction. The injured worker reported her Norco was denied and was having increased pain and was requesting a Toradol injection. The injured worker reported she was doing okay off of the narcotic medication; however, increased pain which was limiting her activities but was okay being off of the medication because she did not want to take it long term. The injured worker reported continued neck pain with radiation to the back of her head causing headaches. On physical examination, the injured worker was rubbing the back of her neck and moving the shoulders to try to find a comfortable position. Range of motion was 70 degrees with terminal pain. There was pain with palpation of the main body of the trapezius muscles. The injured worker's treatment plan included anti-inflammatory medications and local injections, return at weekly intervals for Toradol injections and return for followup appointment. Worker's prior treatments included diagnostic imaging and medication management. The injured worker's medication regimen included Toradol IM. The provider submitted a request for Norco. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Norco 5/325 # 180: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Opioids, criteria for use Page(s): 97, 78.

Decision rationale: The request for Norco 5/325 # 180 is not medically necessary. The California MTUS Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. The injured worker has indicated that she is doing okay off of the Norco because she did not want to take it long term. The provider did not indicate a rationale for the request. Moreover, the injured worker has had chronic cervical strain pain. Norco is not recommended for chronic use. Additionally, the request did not indicate a frequency for this medication. Therefore, the request for Norco is not medically necessary.